

The Limes Residential Care Home Limited

The Limes Residential Home

Inspection report

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Ratings

| | |
|---------------------------------|---------------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service caring? | Outstanding ☆ |
| Is the service responsive? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

About the service

The Limes is a residential care home providing accommodation and personal care for up to 32 older people. The service is based in a period property that has been adapted to meet the needs of the people living there. At the time of the inspection there were 23 people living in the service.

People's experience of using this service and what we found

People told us they were very happy living at The Limes and that staff were respectful, kind, caring and went out of their way to provide person-centred care. Our observations confirmed this and we saw the atmosphere of the home was one of warmth, happiness and positivity. Staff consistently showed respect, patience and understanding when supporting people.

The providers, management team and staff were passionate about providing a service which was caring, compassionate and reflected the values of the organisation. These were based on an ethos of 'Helping you to live the life you choose' which was embedded into staffs' practice. The culture within the home supported a warm and friendly atmosphere.

People felt safe and they were provided with safe care. There were suitable systems in place to ensure that medicines were securely stored, ordered and disposed of correctly and safely and people received their medicines as prescribed. Recruitment practices were effective and there were sufficient numbers of staff available to meet people's needs. People were protected from avoidable harm, and infection control risks were managed appropriately.

There was a strong emphasis at the home on the importance of supporting people to maintain their health, mobility and independence. The providers and management team were proactive in ensuring people's nutrition and hydration needs were met and measures had been taken to support people to remain active and experience optimum physical and emotional health.

The provider and managers were proactive in facilitating learning and development to benefit the people living in the home. For example, they held workshops and training sessions with staff and relatives and offered learning experiences to the local community to improve understanding of dementia. Staff were empowered to make improvements at the home that had a positive impact on the people living there.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People benefitted from a full programme of activities which was individualised, followed people's interests and had a positive impact on their emotional and physical health.

People, visitors, staff and professionals were positive about the leadership of the home and told us the directors and managers cared about the people living there.

The management team were open and transparent. They understood their regulatory responsibilities. There were effective governance systems in place to identify concerns in the service and drive improvement. The registered manager and directors promoted the ethos of honesty, learning from mistakes and admitted when things had gone wrong.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

The Limes Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

Day one of the inspection was conducted by two inspectors. Day two was completed by one inspector.

Service and service type

The Limes is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed the information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our

inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service about their experience of the care provided and four relatives. We also spoke with three visiting professionals, including two healthcare professionals and 13 members of staff including; a director of the company, the registered manager, two deputy managers, a member of the housekeeping team, a chef, an activities coordinator, administration support and five members of care staff. We observed the care being provided and reviewed a range of records, included five people's care records and multiple medication records. We looked at staff files in relation to recruitment and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at The Limes. A person said, "Oh yes, I feel very safe. I couldn't have it any better." A relative told us, "We are over the moon, we dreaded the day [loved one] needed to come into care but we are really reassured, she is very safe here." A health professional said, "I don't have any concerns about people's safety, I think the home is safe."
- The management team and staff knew what constituted safeguarding. All staff had received safeguarding training, which was updated annually.
- Staff understood their safeguarding responsibilities and knew how to report any concerns. A staff member said, "If I had concerns I would go to [the registered manager], directors or the safeguarding team if I needed to."
- There were processes in place for investigating any safeguarding incidents. Where these had occurred, they had been reported appropriately to CQC and the local safeguarding team.

Assessing risk, safety monitoring and management

- There were clear processes in place to monitor risks to people which helped to ensure they received effective care to maintain their safety and wellbeing. Care plans contained risk assessment information, which provided staff with clear guidance on how to mitigate risks to people.
- Other risk assessments in place included areas such as, moving and positioning, skin integrity, medicines management, the use of bed rails and behaviours.
- Staff had a good knowledge of potential risks to people and how to mitigate these risks.
- Equipment, such as hoists and lifts were serviced and checked regularly. Gas and electrical safety certificates were up to date and the service took appropriate action to reduce potential risks relating to Legionella disease. Environmental risk assessments, general audit checks and health and safety audits were completed. Action had been taken where highlighted, to help ensure the safety of the environment.
- There were plans in place to deal with foreseeable emergencies. Staff were aware of the action to take in the event of a fire and fire safety equipment was checked regularly. Personal evacuation and escape plans had been completed for each person, detailing action needed to support people to evacuate the building in the event of an emergency.

Staffing and recruitment

- We observed there were sufficient numbers of staff in place to support people safely and to ensure people's needs were met in a relaxed and unhurried way. This included staff support for participating in activities and outings.
- People told us their needs were met in a timely way and they were happy with the care provided. A person

said, "They [staff] come quickly what I press my bell, they are very good." Another person told us, "There is plenty of staff around." A visitor said, "There always seems to be enough staff, they [staff] are always in and out [of person's bedroom]."

- Staff comments in relation to staffing levels included, "There is usually enough staff around, we have a really good reliable staff team" and "I think there is enough staff."
- Staffing levels were assessed using a dependency tool, which was calculated according to each person's individual level of need. The tool produced a score which was used to determine the amount of staffing hours required to support people appropriately. The registered manager reviewed the score regularly, to ensure that staffing levels continued to be appropriate if people's needs changed over time. In addition to the use of the dependency tool, the management team worked closely with staff and completed regular audits in this area to help ensure staffing levels remained sufficient.
- To ensure consistency during staff absence the registered manager told us that short term absences were covered by agency staff, regular staff working additional hours or a member of the management team providing additional support.
- Most staff were recruited safely, and the appropriate checks were carried out to protect people from the employment of unsuitable staff. This included a range of pre-employment checks and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable people. Staff employment histories were collated, and dates checked. However, not all staff had written the month of their employment; this meant that the registered manager may not be aware of some gaps and whether this impacted on the staff member's suitability. This was discussed with the registered manager and action was immediately taken to address this.

Using medicines safely

- People and their relatives told us that they received their medicines as prescribed. One person told us, "I always get my medicine when I need it."
- Staff received medicines training and had their competency checked to ensure their practice was safe and documents confirmed this.
- During the inspection, we observed staff supporting people with their medicines in a safe and unhurried manner. The staff member wore a tabard to highlight they should not be disturbed during the medication round. We observed good practice and staff demonstrated they had good knowledge of people's needs.
- Procedures were in place to ensure medicines were ordered, stored and disposed of safely.
- Where people had been prescribed 'as required' (PRN) medicines, a clear PRN protocol was in place which outlined key information, such as why the medicine was needed and the dosage, to ensure this was administered appropriately.

Preventing and controlling infection

- The home was visibly clean throughout. There were processes in place to manage the risk of infection and personal protective equipment (PPE), such as gloves and aprons was available throughout all areas of the home. Staff were seen using these when appropriate.
- Domestic staff were employed within the service and completed regular cleaning tasks in line with set schedules.
- Infection control audits were completed regularly by a member of the management team. These were robustly completed and identified any shortfalls in expected infection control standards. These also demonstrated action had been taken where required.
- The staff were trained in infection control.
- There was an infection control policy in place, which was understood by staff.

Learning lessons when things go wrong

- There was a robust process in place to monitor incidents, accidents and near misses. Action to address any issues, was taken when needed.
- Audits for all incidents and accidents that had occurred, were completed. This helped to ensure any trends or themes identified could be acted upon, to help mitigate risk and prevent reoccurrence.
- Were incidents, accidents or near misses did occur, written reflective accounts were completed by staff. This helped staff and the management team learn from these and share ideas about what could be done differently in the future.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- There was a strong emphasis at the home on the importance of supporting people to maintain their health, mobility and independence.
- The directors and management team were proactive in ensuring people's nutrition and hydration needs were met. This had been supported by employing a, 'Nutritional Support Worker' within the service whose role it was to ensure that all people received appropriate diet and nutrition. This resulted in people having an increased fluid intake. Audits were kept on the number of urinary tract infections experienced by people living at the home. A review of these audits demonstrated that the occurrence of urinary tract infections had reduced from 30 in 2018 to 15 in 2019.
- The providers and management team reviewed the occurrences of where people had experienced chest infections and looked at ways to mitigate the occurrence of these. This resulted in infection control standards being reviewed and a programme to sanitize all rooms weekly was put in place. Easy to read leaflets on handwashing were also developed and made accessible to people, relatives, visitors and staff. Audits were completed on the number of chest infections experienced by people living at the home. A review of these audits demonstrated that the occurrence of chest infections had reduced from 27 in 2018 to 17 in 2019.
- Staff were knowledgeable about people's individual health needs and people were supported to access appropriate healthcare services when required, such as doctors, specialist nurses, dentists and chiropodists. All healthcare involvement was clearly documented in people's care files and used to help monitor their health and medical conditions.
- Strong working relationships had been built with healthcare professionals. A healthcare professional said, "The manager is proactive and will contact us appropriately. It's nice to have this sort of service, it's nice to feel confident any advice or instruction I give will be followed." Another healthcare professional told us, "The staff are very knowledgeable about people, if I was looking for a care home for a loved one this is definitely a home I would consider."
- The service had implemented an, 'Early intervention form' which staff complete when a person became unwell. This form helps staff to identify the seriousness of the illness and actions they need to take. Staff had received training to enable them to undertake physical observations such as blood pressure and urinalysis (checking urine for possible dehydration or infection) and were aware of what was normal and when they should alert a healthcare professional.
- The service ensured that people received consistent and coordinated care if they were required to move between services; such as requiring a hospital stay. People's care files contained up to date and detailed information which was sent with them should they require a hospital stay. Additionally, receiving services

would be provided with a verbal handover, either face to face or over the telephone.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People, relatives, healthcare professionals and regular visitors to the service felt that people received effective care of a high standard. One person said, "This is the place to be." Relatives and visitors commented, "The carers know [person] really well and take pains to get things right. They are terrific, its excellent", "We are over the moon, everything is wonderful" and "It's a home from home, staff know what they are doing, and people are really well looked after, its perfect."
- People's needs were assessed prior to them coming to live at the home. This ensured the home was right for them, their needs and choices could be met and the provider could ensure that staff had the training, skills and equipment to meet people's needs. People's likes, dislikes and preferences had been captured as part of the pre-admission process and been used to help develop their care plans.
- People received care and support from staff they knew and who knew how they liked things done. Staff demonstrated they knew people well and understood their needs.
- Staff applied learning effectively in line with best practice, which helped lead to good outcomes for people and supported a good quality of life.
- A range of well-known tools were used to monitor people's health and wellbeing in line with best practice guidance. For example, staff used nationally recognised tools to assess people's risks of developing pressure injuries and to monitor people's weight.
- The management team and senior staff had taken on the role of 'Champions' in particular areas such as; medication, nutrition and hydration, infection control and continence. These roles helped to ensure staff followed best practice.
- There was a strong focus on maintaining and improving each person's physical health and life experiences.

Supporting people to eat and drink enough to maintain a balanced diet

- People and relatives were complimentary about the food and drink provided. Comments included, "The food is very good, I get plenty of choice" and "The chef is excellent and the menu is very varied." A relative told us, "Christmas dinner was like something you would get in a top hotel, we had all the trimmings and the whole family was invited."
- The service was well stocked with fresh food, including fruit and vegetables and each meal was freshly prepared.
- People had a choice of two meals with other options were available if they wished. For example, one person was observed having an omelette and another a salad, which were not on the menu. Additionally, when a person did not eat much of their ordered meal they were offered an alternative immediately and this was provided.
- The provider had put a lot of effort in making people's mealtime experience a positive one. They promoted a social atmosphere during mealtimes. Most people sat at the dining tables during meals and we observed a lot of chatter between people and staff. People were offered a range of drinks during meal times including a range of soft drinks and alcoholic beverages.
- During lunchtime there were ample staff available to support people where required. The provider had ensured a period of overlap between the morning and afternoon shift to allow additional support for the lunchtime period. This helped to ensure that mealtimes were not rushed and people were provided with the support they required.
- People had opportunities to give feedback and contribute to the development of the menus. People's preferences were always considered when planning menus and were recorded in their care plans.
- Where people were at risk of poor nutrition and dehydration, plans were in place to monitor their needs closely and professionals were involved where required to support people and staff.

- People were also encouraged to make healthy food choices, two people who wanted to lose weight were supported to follow a healthy eating plan and join a slimming group.

Adapting service, design, decoration to meet people's needs

- The building was suitable to meet the needs of people who lived there and included a separate five-bedroom dementia unit. The provider had ensured the building was adapted to reflect people's needs.
- Efforts had been made to make the environment dementia friendly which followed current guidance and best practice. This included bedroom doors in the dementia unit and all toilets and bathrooms throughout the home being painted bright colours to help ensure they were easily identifiable to people. Areas of the home were signposted with easy to read signs. There were reminiscence, comfort items and items of interest around the home, to help stimulate conversation and discussion. Additionally, all shower heads had lights to light up the water to make it more visual for people living with dementia. The registered manager said, "Showering can be a frightening and confusing experience for people with dementia as they don't always know that water will be coming down on them. The lights help this."
- People's bedrooms were decorated to their preference and contained personal possessions, such as pictures and soft furnishings.
- People enjoyed a number of communal areas to spend time quietly, or to socialise as they chose. A spacious dining room with bar area was also provided.
- There was level access to a large secure garden which people could access freely. A person said, "The garden is wonderful, I can be pushed right round it in my wheelchair."

Staff support: induction, training, skills and experience

- There was a robust induction programme in place which new staff were required to complete before working on their own. This included completing essential training for their role and shadowing an experienced member of staff.
- People received care from staff who had the necessary knowledge, skills and experience to perform their roles.
- People, relatives and healthcare professionals all described staff as being well trained. A person said, "The staff certainly do know what they are doing" and a relative told us, "The staff are very skilled." A healthcare professional said, "I am very confident in the staff abilities."
- Training staff had received included, moving and handling, infection control, dementia awareness, medication and person-centred care. The manager told us that as well as receiving mandatory training, additional training specific to people's needs would be provided where required. The provider had also provided staff with support to obtain additional vocational qualifications.
- The registered manager had a system in place to record the training that staff had completed and to identify when training needed to be refreshed. A review of this system demonstrated that staff received training and updates as required.
- The registered manager also offered training to relatives to help them understand the needs of their loved one, for example, training in dementia. The registered manager said, "We want relatives to have positive visits when seeing their loved one. Understanding of their condition helps achieve this."
- Staff received one to one supervision in a variety of formats, including team meetings, observational supervisions and one to one meetings with the registered manager or a member of the management team. These sessions of supervision provided an opportunity for management to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and identify learning opportunities to help them develop.
- Staff told us they felt supported by the registered manager and management team, who they could approach at any time. Comments from staff included, "The registered manager is supportive and really into personal development", "I can absolutely approach the registered manager or directors at any time" and

"The management team are all very supportive, I can go to them at any time and they will sort out things quickly."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received appropriate training in the MCA and were clear on how it should be reflected in their day-to-day work. All staff we spoke with had a good working knowledge of the MCA.
- Care plans contained mental capacity assessments when people had had been unable to make decisions about their care. Records seen demonstrated that people were involved in making decisions regarding their care and support as well as their everyday life. During our visit we saw staff respected people's choices and staff members were observed asking people for consent throughout the day.
- The management team understood when an application to deprive someone of their liberty should be made and appropriate applications had been made where required.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- People were placed at the heart of the service and everyone living at The Limes, their relatives, visitors to the home and health professionals told us staff were respectful, kind, caring and went out of their way to provide person-centred care.
- People spoke with warmth and affection about staff. Comments included, "I think this is the best care home of the lot. There is so much more care here than my last place", "I am very settled here, they look after me day and night, what more could I ask for?" and "They always put us first, the care is exceptional." A relative said, "It's exceptionally good here. My [relative] couldn't be better looked after."
- The directors and management team were passionate about providing a service which was caring and compassionate. The management team and directors recognised that when people came to live at The Limes they often had to give up their own homes and it was very important to them that people felt 'at home' and a part of something. The registered manager said, "People should have everything they experienced at home." The registered manager went on to describe a time when they completed an unannounced spot check of the service at 1:00am in the morning to find three people still up drinking sherry and chatting and found this heart-warming. A member of the management team said, "It's so important to us and the directors that people have what they need and live fulfilled lives." They added, "The directors really want to achieve a sense of family and think we are getting there."
- Staff were motivated to be caring and kind and to maintain and build relationships. A staff member told us, "I love working here, it's all about the residents and what they want. It's so person centred." Another staff member said, "Everyone is like one big family."
- Throughout the inspection we observed nothing was too much trouble for staff of all job roles. All staff working at The Limes interacted with people in a gentle and supportive way and took time for people, sitting and chatting with them and including them in conversations. The Limes had a lovely homely feeling and a relaxed atmosphere. One health professional told us, "I really like this home, staff are friendly, and people seem happy and smiley."
- The management team told us they always included relatives in everything they did, and this was confirmed by relatives. People were provided with outings by the staff and their relatives were invited. One relative described outings they had been on with their family member which has been arranged and facilitated by the provider. They said, "We find it difficult to take them out, so it is lovely to still go out with them and do things." Without this input from the provider and management team they would not be able to continue to go out with their loved one. A person told us, "It's so nice to still able to go out with my family." Additionally, when a person left the service to return home to live with the family the registered manager visited them at home to offer support to the family.

- People were made to feel they mattered. For example, at Christmas all staff members were allocated individual people they had a particular connection with and a budget to buy Christmas gifts for these people. The provider said, "Staff really embraced this. The gifts were really person-centred for each person received gifts really personalised to them." Relatives were invited to spend Christmas with their loved one and enjoyed Christmas dinner with them. A relative said, "We had a wonderful Christmas dinner with all the trimmings and it was lovely to spend time with [person]." Additionally, people's birthdays were celebrated, and they were provided with their favourite type of cake, made by the chef. Furthermore, people were supported to buy loved one's birthday and anniversary gifts and parties and celebrations were hosted at The Limes.
- Staff received training in equality and diversity to ensure the key values of kindness, respect, compassion, dignity in care and empowerment were present in people's day to day care. In addition, people's human rights were a key focus for the provider and this was imbedded in the culture of the service. For example, the staff had created a safe environment for people to be able to express their sexuality, needs wishes and individual identities. Staff recognised that people living at the service needed to feel able to express themselves in any way they chose, without fear and actively spoke to people in a way that made them feel it was safe to do so.
- People were respected as individuals with their own social and cultural diversity, values and beliefs. The service had used national guidance to help implement a "Safe to be Me" philosophy of care to help people who identified as LGBTQ+ feel welcome in the home and safe to be themselves. Staff had received LGBTQ+ training and the registered manager told us this training had increased staff's understanding and awareness of some of the prejudices people may face or experience as part of the LGBTQ+ community. The registered manager also said this training had, "increased staff confidence to address this subject without embarrassment and to challenge prejudice and stereotypes should they be presented with it." We saw that there were posters around the service to share the message with people that the provider and staff team were open and wanted to support people to express their sexuality. The staff team told us they were having open and honest conversations with people and explored ways they could support them to access activities or social opportunities to meet their individual needs. The service had also had developed links with local LGBTQ+ community groups.

Respecting and promoting people's privacy, dignity and independence

- Staff placed a strong emphasis and were good at promoting people's independence at The Limes. They provided individual support to encourage people to do what they could for themselves, and where possible, increase their abilities. For example, people were supported to remain active. As part of the service activity programme people were provided with the opportunity to participate in activities that involved gentle physical movement to support them to remain independent. This was provided daily to people either in groups or on a one to one basis. This had resulted in one person regaining the ability to brush their hair themselves and increased people's mobility. The registered manager said the exercise programme had, "Reduced falls and it has taken on a life of its own, people really enjoy it." A relative said, "[Person] has daily exercises which has really helped her get more movement in her hands."
- People were supported to take positive risks to support their life choices and independence. For example, one person wanted to go to the local village independently, so the providers had provided them with a mobile phone to allow them to contact the home if they experienced any difficulties. People were also supported to manage their medicines for themselves where appropriate and electric devices had been provided to people to allow them to remain independent, but safe such as 'One Cup' coffee makers in their bedrooms.
- Staff were able to describe the practical steps they took to preserve people's dignity and privacy when providing personal care.
- The home held a 'Dignity Awareness Day' which raised awareness of the importance of dignity in care at

The Limes. Staff pledged to speak up for dignity in care. This resulted in a month-long project to create and build The Limes own dignity tree. People, their families and staff were fully involved in this and supported to decorate a leaf for the tree highlighting what dignity meant to them.

- People's right to privacy and confidentiality was respected. For example, we observed staff consistently knocking on doors before entering people's rooms, bedroom doors were closed during personal care and a dignity screen was used in the communal areas where required.
- People's information was stored confidentially and the home understood their responsibilities under the new General Data Protection Regulation (GDPR). This is a legal framework that sets guidelines for the collection and processing of personal information.

Supporting people to express their views and be involved in making decisions about their care

- People were given the opportunity to express their views, both on a one to one basis with staff or the management team and during residents' meetings. Residents meeting minutes confirmed that discussions were held with people about the day to day running of the home and demonstrated that people were involved in making decisions about their care. A person said, "I am involved in my care plans, they always ask me."
- The registered manager sought the views of people and their families during the care planning process and through individual contact. People's care plans detailed what was important to them and how they wanted to be supported.
- Staff were skilled in the way they communicated with people which enabled them to be involved in decisions about their lives. They spoke to people using communication that could be easily understood and gently repeated information when needed, without showing any frustration. For example, we observed staff supporting people to make choices about what to eat, where they wanted to spend their time and if they wanted to be involved with the entertainment.
- People were enabled to make choices about the staff who supported them. People had been involved in the recruitment of staff and offered the option to be involved with the interview process. A director explained that potential candidates spent time with people in the lounge and dining areas chatting. People had then been asked for their feedback of potential candidates. People confirmed that their feedback was listened to. Additionally, some people requested female only care staff, and this was identified in their care plans. People confirmed this was respected.
- Visitors and relatives told us they felt welcomed at the service and always felt involved. A relative said, "I'm definitely kept up to date, we are fully included and involved with everything." A visitor told us, "I'm kept very well informed."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The directors and management team understood how ensuring that people maintained relationships, avoided social isolation and were supported to follow their interests provided people with a sense of wellbeing and had a positive impact on their emotional and physical health.
- There were three activity coordinators working at the service and activities organised seven days a week, including some evenings.
- People were fully involved in choosing the activities they took part in and ideas were discussed with them on a one to one basis and during regular resident meetings.
- Activities included; exercises, bingo, reminiscence, baking, gardening and crafts. There was also a choir and 'watercolour club' and people had painted pictures which had being included in The Limes annual calendar. These calendars had been given as gifts to relatives and visitors.

A deputy manager told us, "We find out what people like to do. We have Bembridge 'men in sheds' who come in and are working with some of the residents to make bird boxes at the moment."

- For people who did not want to, or could not join in group activities, due to their frailty they were provided with frequent 'one to one' activities when activities or pamper treats would be taken to them.
- A number of people had previously lived close to the service and were supported to access local facilities such as cafes and shops to maintain their normal lifestyle.
- People were provided with the opportunity to have regular outings of their choice and a relative told us they had, "Bumped into their loved one in a local department store with a member of staff from the home." People were provided with the opportunity to go to the library, out for drives, shopping, cafes and garden centres. An activities coordinator told us, "We take people where they want to go. If we go for a café they don't even have to pay for what they have. This is all paid for by the provider, it's lovely." People also confirmed their relatives were invited on outings with them if they wished.
- Group outings were also arranged and recently groups of people went on a Christmas light tour in the home's minibus and then to a restaurant for an evening meal. Other group trips out included, visiting local places of interests and local animal and wildlife centres.
- There were themed events which took place, including a New Year's Eve cocktail party. People had also performed in their own Christmas nativity play, which their relatives had been invited to. Three people spoke of their roles as the, 'Three wise men with Zimmer frames' fondly and shared pictures of them dressed up.
- People and relatives spoke very positively about the activities provided. Comments included, "I have plenty to do, I need a lot of entertainment and I get it" and "I really enjoy what is going on, I don't get board at all. Christmas was absolutely lovely, there was a real family atmosphere."
- Relatives told us they were very welcome to visit and provided with drinks and meals if they wished. If people's families were far away the home used a computer to help them keep in touch with their family.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service was focused on providing person-centred care and support to people. A member of the management team said, "People's choice really matters, it's their life, their choice."
- Staff demonstrated they knew people well and had a good understanding of their family history, personality, interests and preferences. This enabled them to engage effectively and provide meaningful, person centred care.
- All people, and relatives where appropriate, were involved in developing care and support records for people. These were personalised and included details about people's life history, their likes and dislikes and specific health and emotional needs. Care plans were reviewed on a regular basis, so staff had detailed up to date guidance to provide support relating to people's specific needs and preferences.
- Staff worked hard to ensure people's emotional needs were met. For example, one person with a cognitive impairment often appeared anxious and lost and a baby doll was purchased and introduced to the person, which had a positive impact on their mood.
- People were empowered to make their own decisions and choices and confirmed they could make choices in relation to their day to day lives. For example, what time they liked to get up or go to bed, what they ate and where they spent their time in the home. This was observed throughout the inspection, and people confirmed they were given choices about what they did. A deputy manager said, "We are very person-centred here. There are no set times for getting up or going to bed. Sometimes they don't want to get up."
- Staff worked together well to deliver timely and effective care to people. They also received a verbal handover between each shift. This helped inform staff of any changes in people's needs.
- The provider and management team were passionate about ensuring that people's individual needs relating to their protected equality characteristics were maintained and understood.

End of life care and support

- At the time of the inspection, two people living at The Limes were receiving end of life care.
- People had detailed end of life information recorded in their support plans. People's preferences and choices, cultural, spiritual and protected characteristics had all been considered.
- The management team and staff worked in collaboration with healthcare professionals and families to help ensure that people's end of life wishes were met and people experienced comfortable and pain free deaths.
- Families were given the opportunity to stay with their loved one during their final days. The provider had made a relative's room which was a comfortable, private space with a sleeping and lounge area ensuite with tea and coffee making facilities.
- The Limes was in the process of completing the Gold Standard Framework which is a nationally recognised end of life training scheme to help ensure better lives and deaths for people.
- The registered manager told us, "During the final days, hours of a person's life, extra staff will 'step in' and sit with them so they are not alone." They added, "No one should die alone."
- We saw 'thank you' cards from relatives, which confirmed their loved ones had been treated with respect, compassion and support at the end of their lives. One thank you card read, 'You made [persons] last days so tranquil, their room was so comfortable and the fact that you were with him, holding his hand when he passed away gives me great comfort.'

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which was understood by staff.
- A complaints procedure was available to people and visitors, which was also displayed in the main entrance of the home. The service had also developed a 'complaints, concerns and dissatisfaction' leaflet

which could be provided to people in an easy to read format if required.

- Two formal complaints had been received since the previous inspection. Records demonstrated there was a robust system in place for logging, recording and investigating complaints. Complaints were be acted upon immediately, investigated and action taken where required.
- People told us they knew how to make a complaint and were confident that any concerns raised would be dealt with effectively. A person said, "I don't have any complaints, I am very happy. If I was concerned I could talk to any of the staff though, I'm confident they would do something."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, recorded and highlighted in their care plans. This ensured that staff were aware of the best way to talk with people and present information.
- The registered manager was aware of the Accessible Information Standard (AIS). Documents could be given to people in a variety of formats, for example, easy read, large print and pictorial, if required.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Opportunities to reflect on practice and lessons learned was embedded in practice. This was a constant process considering whether things worked or didn't work for people. The registered manager and directors promoted the ethos of honesty, learning from mistakes and admitting when things had gone wrong. This was demonstrated by staff completing reflective accounts as a method of ensuring they did not repeat the same mistake. In addition to proactively addressing concerns, the registered manager also used relatives' meetings, care reviews and an 'open door' policy to ensure people's views were known and acted upon.

- One of the directors told us, "We always strive for better, there is always things we can do."

A deputy manager said, "A failure to learn from mistakes is unforgivable."

- Governance was embedded in the service. The providers, registered manager and management team monitored quality and compliance with regular audits and developed detailed and robust action plans to support with continual improvement and help ensure a high quality of care was provided to all.

- Staff understood theirs and other roles in achieving personalised support. They understood what was expected of them and were motivated to provide personalised care which treated people with dignity and respect.

- Staff were well supported by the management team to enable them to fulfil their roles and also achieve a good work life balance. Support included, regular team meetings, regular supervision, appraisal and training, included assistance with obtaining higher qualifications, set working hours limit and access to counselling services.

- The directors and registered manager had a 'hands on' approach to their involvement in the service and worked closely with people, staff and stakeholders. This approach included the directors being members of the care staff team and regularly working alongside care staff providing personal care to people. They took this role seriously and it provided them with an extensive oversight into the standards of care provided to people and challenges faced by the care staff team. Additionally, when the directors took over the overall running of the service they had no knowledge and experience of working in a social care setting. They truly wanted to get things right for people and took active steps to ensure they understood their responsibilities and health and social care requirements by completing training in this area.

- The registered manager understood their regulatory responsibilities and were proactive in the way they notified and kept us, and other agencies informed of events within the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people; and how the provider understands and acts on their duty of candour responsibility

- The directors and registered manager demonstrated a strong commitment to provide person-centred, high quality care for people. Care and support was tailored to meet people's needs.
- The values of the organisation were based on an ethos of 'Helping you to live the life you choose' which was embedded into staffs' practice.
- Everyone we spoke with told us the home was well led. Comments included, "[Name of registered manager] is very attentive, she often pops round to see if I am ok", "I am really confident in the care and the management" and "Everything about the service is excellent." One health care professional said, "I would definitely say the home is well run, the manager and staff are very proactive."
- All staff were positive about the running of the service, the directors and management team. One staff member told us, "The directors are lovely, they are all for the residents and always put them first." Another staff member said, "I can't fault the management, they are all very supportive." A third staff member told us, "They [management team] listen to our ideas and the registered manager is really proactive." We observed how staff were encouraged and positively supported by the directors and registered manager to be actively involved in the inspection process. This resulted in staff being confident and proud to discuss achievements people had made and their role within this.
- Staff were valued and recognised for their contributions by the management team and directors. For example, an 'Employee of the month' scheme celebrated staff's achievements, as did the annual staff awards which people were involved in voting for in a variety of categories. Staff were encouraged to develop their skills through training and personal development. For example, the registered manager had established 'champion roles'.
- The provider had a duty of candour or policy that required staff to act in an open and transparent way when accidents occurred. This was discussed with the registered manager who was able to demonstrate this was followed when required.
- The previous performance rating was prominently displayed in the reception area and on the providers website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People could speak to the management team and staff about their care whenever they wanted.
- Regular newsletters shared information with people and their relatives about the service. This included a wide range of social activities and celebrations, internally and externally which people could participate in.
- Surveys were used frequently and offered people, relatives and staff the opportunity to share their experience about the service and to make any suggestions for improvement. People were fully involved in everything that happened at the service. They were asked for their feedback, ideas and these were used to make improvements.
- Residents and relatives' meetings, and open days were also organised. These gave opportunities for everyone to enjoy time together and give feedback about the service. They promoted a positive and inclusive approach, whereby people who used the service, relatives and staff were equal partners.
- The service was committed to protecting everyone's rights in relation to equality and diversity. Staff were trained to understand how they supported people's rights, and this was embedded in their practice.
- The management team had built relationships with relevant professionals and residents of the community to promote learning and meeting people's needs. For example, they had arranged a, 'Dementia bus experience' for staff and invited healthcare professionals, relatives and members of the local community to partake in this experience. The aim of this experience was to inform the wider community about what people living with dementia can experience daily.
- The registered manager also provided training and support to relatives to help them to better understand their loved one's conditions. For example, during National carers week in June 2019 the service ran a local

campaign via social media which provided family carers with daily top tips to help them provide effective care to loved ones as well as promote self-care. On 'National Care Home Day' an evening Beetle Drive was held where members of the local community were invited to look around the home and join in with the evening activities. During this event an area of the home was turned into an information centre where staff were available to answer questions and provide information on each of the top tips provided.